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Despite the improvement of methods for diagnosis and treatment of cardiac patients, the results of cardiovascular diseases remain the most pressing problems of most countries in the world in the 21st century. Myocardial infarction refers to the greatest problems in modern times. Is the most severe manifestation of coronary heart disease, develops more often as a result of coronary artery atherosclerosis.

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Based on official statistical data, a retrospective analysis of morbidity and mortality from myocardial infarction in the Republic of Belarus for the period 2010–2015 was conducted.

For the analyzed period of observation, the incidence of acute myocardial infarction in the Republic of Belarus decreased by 27 %. The indicator of the trend over the studied period was $A_1 = -6,03 \text{ ‰}$. The average annual rate of decline was $-7,2 \text{ ‰}$.

To identify territorial differences, a comparative analysis was made of the incidence of acute myocardial infarction in the regions of the Republic of Belarus in 2010 and 2015.

The analysis showed that in 2010 the lowest indicators are recorded in the Brest and Mogilev regions (the figures were 147 ‰ and 151 ‰ , respectively), as well as in the Gomel region ($152,7 \text{ ‰}$), and the largest – in g In Minsk, which in 2010 was 210 ‰ .

In 2015, there is a decrease in the incidence rate of acute myocardial infarction not in all regions of the republic. There is an increase in the incidence rate in the Brest and Gomel regions (indicators were $170,1 \text{ ‰}$ and $170,3 \text{ ‰}$). The greatest decrease is noted in the Grodno region (1,35 times).

The analysis of the territorial features of the incidence of acute myocardial infarction in the Republic of Belarus suggests that the morbidity rates of the Minsk population are statistically significant ($p < 0,05$) higher than the similar rates of morbidity in other regions (with the exception of the Grodno region) and the Republic of Belarus as a whole.

In the structure of mortality from cardiovascular diseases, the specific gravity of mortality from myocardial infarction varies between $0,017 - 0,022 \text{ ‰}$, but despite this myocardial infarction is a socially significant disease and requires the study of epidemiological characteristics.

Myocardial infarction can occur with arterial hypertension and without hypertension. The proportion of cases of myocardial infarction with arterial hypertension increased by 32,1% at the end of the period, without arterial hypertension decreased by 32,1%, which confirms the association of high blood pressure with a risk of death from major cardiovascular diseases (myocardial infarction, ischemic disease heart, etc.). In the age structure of myocardial infarction, more than half of the deceased are people older than the able-bodied age.

Along with the decrease in mortality from myocardial infarction in general, the death rate from myocardial infarction with arterial hypertension is increasing, which indicates a significant effect of elevated blood pressure as a risk factor.

Characterizing the epidemiological trends of morbidity and mortality in the Republic of Belarus from myocardial infarction in general, it can be said that they are determined, and probably will still be determined by the population of elderly and senile age. Identified as a result of the analysis of the features of myocardial infarction, depending on the concomitant arterial, show the urgency of preventing high blood pressure, medical examination of people with cardiovascular diseases and outpatient rehabilitation of patients with acute myocardial infarction.